

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:  11</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>(MS) / MRS / MR FIRST MI  <div style="text-align: center;">MARIA L.</div> </p> <p>NICKNAME LAST SUFFIX  <div style="text-align: center;">Trazmo</div> </p>		<p><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <p style="text-align: right; color: blue;">JUL 15 '15 PM 5:17</p> <p>Date Hand-delivered or Date Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p><input type="checkbox"/> Change of Address</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  <div style="text-align: center;">711 JAGGED ROCK CEDAR PARK TX 78613</div> </p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION  <div style="text-align: center;">(812) 299-7771</div> </p>		
<p>6 CAMPAIGN TREASURER NAME</p>	<p>(MS) / MRS / MR FIRST MI  <div style="text-align: center;">MARIA L.</div> </p> <p>NICKNAME LAST SUFFIX  <div style="text-align: center;">Trazmo</div> </p>		
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  <div style="text-align: center;">711 JAGGED ROCK CEDAR PARK TX 78613</div> </p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION  <div style="text-align: center;">(812) 299-7771</div> </p>		
<p>9 REPORT TYPE</p>	<p> <input type="checkbox"/> January 15    <input type="checkbox"/> 30th day before election    <input type="checkbox"/> Runoff    <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)  <input checked="" type="checkbox"/> July 15    <input type="checkbox"/> 8th day before election    <input type="checkbox"/> Exceeded \$500 limit    <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year    Month Day Year  <div style="text-align: center;">4 / 30 / 2015    THROUGH    6 / 30 / 2015</div> </p>		
<p>11 ELECTION</p>	<p>ELECTION DATE    ELECTION TYPE</p> <p>Month Day Year    <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <div style="text-align: center;">5 / 9 / 2015    <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special</div> </p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)    13 OFFICE SOUGHT (if known)</p> <p style="text-align: center;">Cedar Park City Council Office 5</p>		

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

MARIA L. TALAMO

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 1750.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10178.43

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$ -2787.12

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 19000.00

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Maria L. Talamo*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Maria Talamo, this the 15th  
day of July, 20 15, to certify which, witness my hand and seal of office.

*Debra D. Hargrove*

Signature of officer administering oath

Debra D. Hargrove

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# SUBTOTALS - COH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

MARIA L. TAZAMO

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1750.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 344.39
3.	<input checked="" type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 10,000
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 10,178.43
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input checked="" type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 0
9.	<input checked="" type="checkbox"/>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
10.	<input checked="" type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
11.	<input checked="" type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

MARIA L. TAZAMO

3 Filer ID (Ethics Commission Filers)

4 Date

5/16/15

5 Full name of contributor

☐ out-of-state PAC (ID#:

HBA Home PAC

6 Contributor address;

City; State; Zip Code

8140 Exchange Drive  
Austin TX 78754

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

Home Builders Association

9 Employer (See Instructions)

Home Builders Association

Date

5/16/15

Full name of contributor

☐ out-of-state PAC (ID#:

James Rubin

Contributor address;

City; State; Zip Code

12710 Research Blvd  
Austin TX 78759

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Real Estate Investor

Employer (See Instructions)

Self-employed

Date

5/16/15

Full name of contributor

☐ out-of-state PAC (ID#:

Jim Grosso

Contributor address;

City; State; Zip Code

105 Joliet Ave  
San Antonio TX 78205-5239

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

Real estate investor

Employer (See Instructions)

self employed

Date

5/16/15

Full name of contributor

☐ out-of-state PAC (ID#:

Red Madden

Contributor address;

City; State; Zip Code

10116 Swan Valley Lane  
Austin TX 78759-3049

Amount of contribution (\$)

550.00

Principal occupation / Job title (See Instructions)

Real Estate Investor

Employer (See Instructions)

Self Employed

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>4/16/15</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jeremy Smith</u> Contributor address; City; State; Zip Code <u>2409 Vance Lane</u> <u>Austin TX 78746</u>	8 Amount of Contribution \$ <u>344.39</u>	9 In-kind contribution description <u>Host Reception</u> <u>At Rolling Fork</u>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Partner</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Riverside Resources</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<input type="checkbox"/> Check if travel outside of Texas, complete Schedule T
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# LOANS

# SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

MARIA L. TARANO

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

4/14/15

7 Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

David Johnson

9 Loan Amount (\$)

10,000.00

6 Is lender a financial institution?

Y ☒ N

8 Lender address; City; State; Zip Code

3977 Fall Creek Road  
Spicewood TX 78669-2501

10 Interest rate

0

11 Maturity date

1/15/2016

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political account (See Instructions)

☐

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☐ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political account (See Instructions)

☐

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>5</u>		<b>2</b> FILER NAME <u>MARIA L. TARANO</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>4/30/15</u>		<b>5</b> Payee name <u>FIRST TEXAS BANK</u>			
<b>6</b> Amount (\$) <u>500.00</u>		<b>7</b> Payee address; City; State; Zip Code <u>5700 Round Rock Ave</u> <u>Round Rock TX 78664</u>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See categories listed at the top of this schedule) <u>BANKING - CHARGE</u> <u>Back from Rod Madden</u>		<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>5/4/15</u>		Payee name <u>El Cielito Lindo</u>			
Amount (\$) <u>70.95</u>		Payee address; City; State; Zip Code <u>1540 Cypress Creek Rd. #106</u> <u>Cedar Park TX 78613</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <u>Food/Beverage</u> <u>expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <u>5/5/15</u>		Payee name <u>CallFire.com</u>			
Amount (\$) <u>25.00</u>		Payee address; City; State; Zip Code <u>1410 2nd St. Suite 200</u> <u>Santa Monica CA 90401</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>5</u>		<b>2</b> FILER NAME <u>MARIA L. TIZMO</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>4/30/15</u>		<b>5</b> Payee name <u>Minute Inn Press</u>			
<b>6</b> Amount (\$) <u>64.95</u>		<b>7</b> Payee address; City; State; Zip Code <u>715 Discover Blvd #401</u> <u>Cedar Park TX 78613</u>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date <u>4/30</u>		Payee name <u>ERIC BENSE</u>			
Amount (\$) <u>4750.00</u>		Payee address; City; State; Zip Code <u>823 Congress Ave, Suite 1300</u> <u>Austin TX 78701</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <u>Consulting Expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date <u>5/14/15</u>		Payee name <u>FIRST TEXAS BANK</u>			
Amount (\$) <u>550.00</u>		Payee address; City; State; Zip Code <u>500 Round Rock Ave.</u> <u>Round Rock TX 78664</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <u>Banking - Charge</u> <u>Back from Rod Madden</u>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <u>5</u>		2 FILER NAME <u>MARIA L. TAZAMO</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>5/6/15</u>		5 Payee name <u>Denee Booker</u>			
6 Amount (\$) <u>495.00</u>		7 Payee address; City; State; Zip Code <u>5800 Techni Center Dr Apt 412</u> <u>Austin TX 78721</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <u>CONTRACT LABOR</u>		(b) Description (If travel outside of Texas, complete Schedule T) <u>Canvassing</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>5/6/15</u>		Payee name <u>Heather Ross</u>			
Amount (\$) <u>245.00</u>		Payee address; City; State; Zip Code <u>5800 Techni Center Drive Apt 412</u> <u>Austin TX 78721</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>CONTRACT LABOR</u>		Description (If travel outside of Texas, complete Schedule T) <u>Canvassing</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>5/6/15</u>		Payee name <u>Michael Siever</u>			
Amount (\$) <u>245.00</u>		Payee address; City; State; Zip Code <u>9508 Meadowherth Dr. Austin TX 78729</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>CONTRACT LABOR</u>		Description (If travel outside of Texas, complete Schedule T) <u>Canvassing</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <u>5/6/15</u>		Payee name <u>Kelby Duhon</u>			
Amount (\$) <u>95.00</u>		Payee address; City; State; Zip Code <u>600 S. 1st St. Apt. 108</u> <u>Austin TX 78704</u>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <u>Contract Labor</u>		Description (If travel outside of Texas, complete Schedule T) <u>Canvassing</u> <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <u>5</u>		<b>2</b> FILER NAME <u>MARIA L. TALAMO</u>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <u>5/14/15</u>		<b>5</b> Payee name <u>First Texas Bank</u>			
<b>6</b> Amount (\$) <u>10.00</u>		<b>7</b> Payee address; City; State; Zip Code <u>500 Round Rock Ave</u> <u>Round Rock TX 78664</u>			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See categories listed at the top of this schedule) <u>Fees - Banking</u>		<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date <u>5/18/15</u>		Payee name <u>El Cielito Lindo</u>			
Amount (\$) <u>69.59</u>		Payee address; City; State; Zip Code <u>1540 Cypress Creek Rd #106</u> <u>Cedar Park TX 78613</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <u>Food &amp; Beverage expense</u>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	
Date <u>5/6/15</u>		Payee name <u>Denise Booker</u>			
Amount (\$) <u>120.00</u>		Payee address; City; State; Zip Code <u>5800 TechniCenter Dr. Apt 412</u> <u>Austin TX 78721</u>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) <u>Contract Labor - Consulting</u>		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 5		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 5/6/15		<b>5</b> Payee name Bearse + Co			
<b>6</b> Amount (\$) 2689.75		<b>7</b> Payee address; City; State; Zip Code 823 Congress Ave, Suite 1300 Austin TX 78701			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>		<b>(a) Category</b> (See categories listed at the top of this schedule) Consulting Expense		<b>(b) Description</b> <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 5/8/15		Payee name BumperActive			
Amount (\$) 225.16		Payee address; City; State; Zip Code 5925 Burnet Rd Austin TX 78757			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Printing expense		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date 5/8/15		Payee name Party City			
Amount (\$) 28.03		Payee address; City; State; Zip Code 11066 Pecon Park Blvd Pecon Park TX 78613			
<b>PURPOSE OF EXPENDITURE</b>		Category (See categories listed at the top of this schedule) Event Expense		Description <input type="checkbox"/> Check if travel outside of Texas, complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED